

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2011	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE NORTH CLARKSVILLE, IN47129			
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F0000	<p>This visit was for Investigation of Complaint IN00094195.</p> <p>Complaint IN00094195 - Substantiated. No deficiencies related to the allegation(s) are cited.</p> <p>Unrelated deficiencies are cited</p> <p>Survey dates: August 11, 12, 2011</p> <p>Facility number: 000100 Provider number: 155191 Aim number: 100266130</p> <p>Survey team: Donna Groan, RN, TC Avona Connell, RN</p> <p>Census bed type: SNF/NF: 73 Residential: 91 Total: 164</p> <p>Census payor type: Medicare: 19 Medicaid: 34 Other: 111 Total: 164</p> <p>Sample: 10</p>			F0000	<p>RE: Provider Number: 155191 Facility Number: 000100 AIM Number: 100266130 August 23, 2011 Kim Rhodes, Director Long Term Care Indiana State Department of Health 2 North Meridian, Section 4-B Indianapolis, In 46204 Dear Ms. Rhodes, Please find Forms CMS- 2567 with the plan of correction for the deficiencies sited during our investigation of complaint survey by the Indiana State Department of Health at Westminster Health Care Center on August 11 through August 12, 2011. I can be reached at 812-282-9691 ext 123 if you would have any question or comments regarding the ISDH Survey Report System documents. Sincerely, Floyd Shewmaker Administrator Westminster Health Care CenterPreparation and execution of this plan of correction do not constitute an admission or agreement by the provider or the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by the provisions of Federal and State law.<b>Allegation of Compliance:</b> For the purposes of any allegation the Westminster Health Care Center (Facility) is not is substantial compliance with Federal</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=G	<p>These deficiencies also reflect State Findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/15/11 Cathy Emswiller RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review, interview and observation the facility failed to ensure the hand brakes were functioning properly for 1 of 2 residents reviewed using a sliding board from the bed to the wheelchair who sustained a fall, when the brakes failed, with a fractured femur above the knee and 11 stitches to the right foot. (Resident B) This deficient practice had the potential to affect 59 of 73 residents who utilize wheelchairs with hand brakes.</p> <p>Findings include:</p> <p>During the initial tour on 8/11/11 between 8:15 a.m. and 9 a.m., Resident B was resting in her bed. LPN #1 indicated Resident B was alert and oriented x 3. 1</p>			F0323	<p>requirements of participation, this response and plan of correction constitute Westminster Health Care Center allegation of compliance. Date of compliance: September 11, 2011</p> <p>F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/ DEVICES</p> <p><b>To identify those residents who have the potential to be affected by the alleged deficient practice :</b></p>		09/11/2011

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	<p>person assist with activities of daily living. The resident went out to the hospital on 8/9/11 after a fall. She had a cracked femur above the knee and 11 stitches under her toes on the right foot. The CNA (certified nurse assistant) Assignment Sheet indicated the resident was on a functional maintenance plan which included, but was not limited to a sliding board for transfers.</p> <p>The clinical record for Resident B was reviewed on 8/12/11 at 10:30 a.m. The resident's diagnoses included, but were not limited to congestive heart failure, left above knee amputation and peripheral vascular disease.</p> <p>Nurses Notes included, but were not limited to: 8/9/11 9:30 a.m. "CNA approached this nurse to tell me res was on the floor. Upon entering room res lying on back with pillow under her head. Blood noted between 1st, 2nd &amp; 3rd toes on R foot. Head to toe assesment (sic) completed c/o (complains of) pain in her R knee. res was transferring between bed &amp; w/c using sliding board, both brakes were locked. CNA present with res as she was sliding down the board w/c rolled backwards causing resident to fall with her R leg twisting in an angle at her knee joint. Denies hitting her head... The resident was sent out to the er for eval and</p>				<p>All residentts who residentts who reside withtin tthe fiacility have tthe pottential to be afiectted by tthe alleged deficientt practtce</p> <p>The residentt identifed as Residentt B has been provided with a personal manual wheelchair . The hand brakes were adjustted and evaluatted fior correctt wheel lock engagementt This wheelchair has also had autto lock brakes insttalled fior added safiety tto reduce risk ofi brake malfunctton witht residentt ttransfer board use. This manual wheelchair is a secondary fiorm ofi ttransportt fior residentt B fior her use on days she has her hair dressed att tthe fiacility beauty salon. Residentt B uses an mottorized</p>		

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	<p>treat. The resident returned to the facility at 5:30 p.m. "11 stitches from toes on R foot in 10 days..."</p> <p>On 8/12/11 at 11 a.m., in interview with the DON, she indicated the resident was on a sliding board for a transfer from the bed to the chair. CNA #1 was with the resident. The wheelchair was not the residents, but a communal chair from physical therapy. The brakes disengaged during the transfer. The brakes malfunctioned. One end of the sliding board slipped cut her foot. Wheelchairs are to be checked every week when cleansed by the 3rd shift.</p> <p>A fall details report provided by the DON on 8/12/11 at 12:10 p.m., included, but was not limited to: Nurse's Note of what happened written by LPN #2 entered by LPN#3 on 8/9/11 at 14:38 (2:38 p.m.): " resident was transferring from bed to w/c (wheel chair) using sliding board. both (sic) brakes were locked on w/c. As resident was sliding down board, w/c rolled backward causing resident to fall. her (sic right leg twisted under her at the knee. complained (sic) of knee pain. left (sic) on floor due to possible fracture. sent (sic) to [named] hospital er (emergency room) for eval and treat."</p> <p>On 8/12/11 at 2:45 p.m., the [named]</p>				<p>wheelchair fior all otther ttransporttatton</p> <p>All wheelchairs in tthe Health Care Unitts have had tthe hand brakes evaluatted by tthe mainttenance departt to ensure tthe wheel brakes lock and hold tthe wheelchair in place when engaged.</p> <p><b>Measures put in place to ensure that the alleged deficient practce does not recur:</b></p> <p>All wheelchairs have been inspected by tthe fiacilityt maintenance departt to ensure tthe hand brakes engage and hold tthe wheel chair properly. All wheelchairs will be inspected by tthe mainttenance departtmentt on a weekly and as</p>		

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	<p>hospital faxed the xray of the femur, thigh 2 views which included, but was not limited to: "Impression: Non displaced obliquely oriented fracture involving the distal metadiaphysis of the right femur."</p> <p>On 8/12/11 at 11:30 a.m., in interview with CNA #1, she indicated the resident was getting into the wheelchair using a slide board. The chair was borrowed as another aide brought it from the therapy department. She locked the wheelchair, using a gait belt with the slide board as the resident was transferring the wheelchair rolled back the resident fell to the floor. The wheelchair was locked when I checked it by rolling it back and forth. I put a pillow under her head and ran to get the nurse.</p> <p>On 8/12/11 at 11:35 a.m., in interview with the Therapy Manager, she indicated the wheelchairs are checked to make sure the brakes are working. The facility aides on 3rd shift sign off the brakes are checked.</p> <p>On 8/12/11 at 11:40 a.m., in interview with the Maintenance Director, he indicated the brakes had to be replaced on the wheelchair used during the fall. He does not have the wheelchairs on a routine maintenance program.</p>				<p>needed basis to ensure that the wheelchair rolls straight no excessive drag or pull to one side.</p> <p>Inspected for loose or missing hardware on frame and cross braces</p> <p>Inspected for bent frame or cross braces. Check that the wheel locks do not interfere with tires when rolling. Check that the wheel lock pivot points are free of wear and looseness. Check that the wheel locks are easy to engage</p> <p>Ensure that the wheel locks prevent the wheelchair from moving when engaged. Inspect the seat and back for loose or broken hardware. Inspect the hand grips for wear/looseness/deterioration</p> <p>Inspect / Adjust weekly</p> <p>Ensure that the wheel locks</p>		

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	<p>On 8/12/11 at 2:45 p.m., the DON provided the facility policy and practice for wheel chair cleaning, revised June 6, 2011, which included, but was not limited to: "Wheelchair brakes should be kept free of debris and to prevent a loose fit when the chair is locked. Wiping regularly with a damp cloth will prevent this. During the wheelchair cleaning, the nursing staff are to evaluate the wheelchair for cracks, or areas that need replaced or repaired. The wheelchair brakes are to be set and tested for braking ability. If the wheelchair is fit with auto locking brakes these are to be viewed and verified that they work correctly. In the event the brakes are found to be loose or faulty the wheelchair is to be removed from use, taken off the unit and stored in the maintenance work shop. A work order is to be filled out and the wheelchair is to remain out of use until returned by the maintenance department and is safe to use again.</p> <p>On 8/12/11 at 2:45 p.m., the DON provided a copy of the safety Inspection/Troubleshooting manufacturers instructions, faxed to the facility on 8/12/11 at 1:30 p.m., which included, but were not limited to: "Every six months or as necessary, take your wheelchair to a qualified technician for a thorough inspection and servicing. Regular</p>				<p>preventt tthe wheelchair ffrom moving when engaged. All wheelchairs fitted with auto lock brakes will also be inspected weekly to ensure fit and effective auto lock</p> <p>All wheelchairs will be identified by engraved number to the wheelchair frame Each wheelchair will be inspected weekly for wear and safety of use. All weekly inspections will be maintained in a maintenance log book Any wheel chair found to be unsafe will be immediately removed from the unit and taken to the maintenance shop for repair and or disposal. Any hand brake or auto lock brake found to be ineffective will be</p>		

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	<p>cleaning will reveal loose or worn parts and enhance the smooth operation of your wheelchair. To operate properly and safely, your wheelchair MUST be cared for just like any other vehicle. Routine maintenance will extend the life and efficiency of your wheelchair.. 4.1 Safety Inspection Checklist Inspect/Adjust Initially: Ensure that the wheelchair rolls straight (no excessive drag or pull to one side). Inspect for loose or missing hardware on frame and cross braces. Inspect for bent frame or cross braces. Check that the wheel locks DO NOT interfere with tires when rolling. Check that the wheel lock pivot points are free of wear and looseness. Check that the wheel locks are easy to engage. Ensure that the wheel locks prevent the wheelchair from moving when engaged...Inspect the seat and back for loose or broken hardware. Inspect the back cane hand grips for wear/looseness/deterioration. Inspect/Adjust Weekly: Ensure that the wheel locks prevent the wheelchair from moving when engaged....If equipped, check that the quick-release axles lock properly. Lubricate if necessary. WARNING After any adjustments, repair or service and before use, make sure all attaching hardware is tightened securely. Otherwise injury or damage may result...Suggested Maintenance Procedures 1. Before using your</p>				<p>immediattely removed firom ttthe unitt tto be repaired or replaced.</p> <p>All mainttenance sttafi will be in-serviced on 8/23/11 on proper wheelchair safietty inspectttonswheel lock safietty inspectton autto lock brakes safietty inspectton and repair ttechniques tto ensure tthatt tte wheelchair rolls sttraightttno excessive drag or pull tto one sidt.</p> <p>Inspectttd fior loose or missing hardware on firame and cross braces Inspectttd fior benttt firame or cross braces. Check tthatt tthe wheel locks do nott interfiere with ttres when rolling. Check tthatt tte wheel lock pivott pointts are firee of wear and looseness. Check tthatt tthe wheel locks are easy tto engage Ensure</p>		

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	<p>wheelchair, make sure all nuts and bolts are tight. 2. Check all parts for damage or wear and replace. 3. Check all parts for proper adjustment...5. Periodically adjust wheel locks in correlation to tire wear.</p> <p>On 8/12/11 between 3 and 4 p.m. the personnel files were reviewed. CNA #1 was hired on 6/9/10. Review of the skills check list completed on lacked reference to the use of a slide board.</p> <p>On 8/12/11 at 3:55 p.m., in interview with the Staff Development Coordinator, she indicated CNA #1 had not been trained in the use of a slide board. Training was the responsibility of the therapy department. Training for specialized equipment any assistive devices for the resident would be done by therapy.</p> <p>On 8/12/11 at 10:30 a.m., the clinical record for Resident B was reviewed. A Functional Maintenance Care Plan for Resident B for Rehabilitation Inservice dated 2/26/10 included, but was not limited to Topic: Mover and safe use of sliding board with bed to mobilized w/c transfer. Pt. requires contact guard assist for transfer after full s/u (set up) of board. Surface to transfer to should be lowered." Documentation was lacking the CNA had been trained in the procedure.</p>				<p>tthatt tthe wheel locks preventt tthe wheelchair ffrom moving when engaged. Inspectt tthe seatt and back ffor loose or broken hardware. Inspectt tthe hand grips ffor wear/looseness/ detterioratton Inspectt / Adjustt weekly Ensure tthatt tthe wheel locks preventt tthe wheelchair ffrom moving when engaged. All wheelchairs fitted with autto lock brakes will also be inspectted weekly tto ensure fitt and efecttve autto lock</p> <p><b>The corrective acton will be monitored to ensure the alleged deficient practce does not recur :</b> The Mainttenance Directtor or designee will perform</p>		



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F0498 SS=D	<p>On 8/12/11 at 4:20 p.m., the DON provided a current list of 59 of 73 residents who utilized a wheelchair with hand brakes.</p> <p>On 8/12/11 at 4:20 p.m., the DON provided page 55 of the Wheelchair manufacturers instructions which included, but were not limited to: "WARNING If wheel locks do not hold the occupied wheelchair in place, contact a qualified technician; otherwise injury or damage may occur."</p> <p>3.1-45(a)(2)</p> <p>The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on record review and interview the</p>			F0498	<p>weekly safietty inspecttons on all wheelchairs in tthe healththcare unitt The Mainttenance Director or designee will mainttain a log ofi all wheelchairs and ttheir inspecttons in a log book. The Mainttenance Director will reportt the findings ofi all safietty inspecttons tto tthe Quality Assurance tteam monththly</p> <p><b>Efiectveness ofi plan:</b> Any revisions needed will be evaluatted by tthe Quality Assurance Committee, Administrattor and tthe Mainttenance Director</p> <p><b>F 498 3.1-45(a)(2) 483.75(f)</b></p>		09/11/2011

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	<p>facility failed to ensure the CNA was competent in using a slide board with transferring from the bed to the wheelchair for 1 of 2 residents utilizing a slide board in a sample of 10. (Resident B)</p> <p>Findings include:</p> <p>A fall details report provided by the DON, on 8/12/11 at 12:10 p.m., included, but was not limited to: Nurse's Note of what happened written by LPN #2 entered by LPN#3 on 8/9/11 at 14:38 (2:38 p.m.): " resident was transferring from bed to w/c (wheel chair) using sliding board. both (sic) brakes were locked on w/c. As resident was sliding down board, w/c rolled backward causing resident to fall. her (sic right leg twisted under her at the knee. complained (sic) of knee pain. left (sic) on floor due to possible fracture. sent (sic) to [named] hospital er (emergency room) for eval and treat."</p> <p>On 8/12/11 between 3 and 4 p.m. the personnel files were reviewed. CNA #1 was hired on 6/9/10. Review of the skills check list completed on lacked reference to the use of a slide board.</p> <p>On 8/12/11 at 3:55 p.m., in interview with the Staff Development Coordinator, she indicated CNA #1 had not been trained in</p>				<p><b>Nurse Aide Demonstrate Competency/Care Needs To identify those residents who have the potential to be affected by the alleged deficient practice:</b> All residents who reside within the facility have the potential to be affected by the alleged deficient practice. The resident identified as Resident B has been provided with a personal manual wheelchair. The hand brakes were adjusted and evaluated for correct wheel lock engagement. This wheelchair has also had auto lock brakes installed for added safety to reduce risk of brake malfunction with resident transfer board use. This manual wheelchair is a secondary form of transport for resident B for her use on days she has her hair dressed at the facility beauty salon. Resident B uses a motorized wheelchair for all other transportation. All nursing staff will be in-serviced on transfer board use and demonstrate the skill proficiency on 08/23/11. This in-service includes proper steps for transfer board use and placement, direction on resident body mechanics, wheelchair brake safety/engagement, employee body mechanics and documentation and notification of residents ability or lack of ability to perform this contact guard transfer. All nursing staff will also be in-serviced on 08/23/11 on requirement that at no time are</p>		

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	<p>the use of a slide board. Training was the responsibility of the therapy department. Training for specialized equipment any assistive devices for the resident would be done by therapy.</p> <p>On 8/12/11 at 10:30 a.m., the clinical record for Resident B was reviewed. A Functional Maintenance Care Plan for Resident B for Rehabilitation Inservice dated 2/26/10 included, but was not limited to Topic: Mover and safe use of sliding board with bed to mobilized w/c transfer. Pt. requires contact guard assist for transfer after full s/u (set up) of board. Surface to transfer to should be lowered." Documentation was lacking the CNA had been trained in the procedure.</p> <p>3.1-14(i)</p>				<p>staff to perform any duty or skill that they have not be check off on. The transfer board skill has been added to the orientation skills check off sheet. All new staff will be trained while in the orientation process on proper transfer board use. The new hires will perform a skill demonstration after training.</p> <p><b>Measures put in place to ensure that the alleged deficient practice does not recur:</b> All nursing staff will be in-serviced by the therapy department, DON and SDC on 8/23/11 for proper use of transfer board. All nursing staff will demonstrate the skill proficiency after training. All new hires effective immediately will be trained on transfer board use and demonstrate skill proficiency. The transfer board skill has been added to the orientation skills check off sheet for all nursing staff. The CNA responsible for the alleged deficient practice has been educated on proper transfer board use and demonstrated skill proficiency. <b>The corrective action will be monitored to ensure the alleged deficient practice does not recur:</b> The DON or designee will monitor all new hires for transfer board skill training and skill proficiency. All skill check off forms will be visualized by DON or designee for compliance in skill orientation. A audit of all new hires and skill check off dates will</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2011	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE NORTH CLARKSVILLE, IN47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
					be maintained by DON or designee. Any discrepancy in the skills check off will be immediately corrected with staff member training and skill demonstration. No new staff member will be released to full duty until all skills training and skill demonstration have been checked off. The DON or designee will report the findings of audit to the Quality Assurance team monthly. <b>Effectiveness of Plan:</b> Any revisions needed will be evaluated by the Quality Assurance Committee, Administrator and DON.		